

Valley AIDS Council

Volunteer Application

POSITION APPLIED FOR: Volunteer

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____

Last

First

Middle

ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

☐

Yes

☐

No

(If yes, verification will be required.)

☐

Yes

☐

No

I AM SEEKING A PERMANENT POSITION:
IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)?

Select: _____

Work overtime?

Select: _____

Provide a valid Texas Drivers License #?

Select: _____

Are you able to perform the essential functions
of the position with or without accommodations?☐

Yes

☐

No

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one)

14 15 16 18 19 21

I WILL BE ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:

High School _____

College/University _____

Business/Technical _____

Other (May include grammar school) _____

Yrs. Completed

Field of Study

Graduate or Degree

MILITARY SERVICE:☐

Yes

☐

No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____ Reason for leaving
_____	_____	_____	_____

_____	Supervisor's Name: _____	Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____ Reason for leaving
_____	_____	_____	_____

_____	Supervisor's Name: _____	Telephone: _____	

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____
			Reason for leaving
	Supervisor's Name: _____	Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Starting Pay: _____ Ending Pay: _____	Dates Employed from _____ to _____
			Reason for leaving
	Supervisor's Name: _____	Telephone: _____	

Summarize other employment related to this job: _____

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: _____

Typing speed: _____ per minute.

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Are you related to any Board Member or current VAC/Westbrook Clinic employee if so, Please name them: _____
 Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ☐ Yes or ☐ NO If
 "Yes", please explain in concise detail on a separate page, giving dates and nature of offense, name a location of the court,
 and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: This agency may re-
 quire additional information related to convictions of misdemeanors.

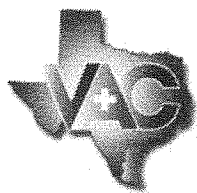
PLEASE READ THE FOLLOWING STATEMENTS:

1. I certify that all the information provided by me in connection with my application, whether or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Valley AIDS Council will check with the Texas Department of Public Safety, State and National Sex Offender registries, State and National Office of Inspector General, the Federal Bureau of Investigation and other organizations for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature: _____

Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional failure to provide it will have no affect on your application for employment.



VOLUNTEER APPLICATION

All information in this application will be kept strictly confidential and shall be used only in the management of VAC Volunteer Services Program.

GENERAL INFORMATION

Name: _____ Over 18 years of age? ☐ YES ☐ NO

Home Phone: _____ Cell phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Occupation: _____ Employer: _____

May we contact you by phone? ☐ YES ☐ NO May we say VAC is calling you? ☐ YES ☐ NO

Do you wish to receive mail with the VAC letterhead? ☐ YES ☐ NO

EDUCATION

Schools

Major / Training Program

Degree

Additional Skills / Interests/Professional Certification / Licensing

--

Do you speak a foreign language? ☐ YES ☐ NO Language: _____

601 N. McColl, Suite B,
McAllen, TX. 78501
Phone: 956-668-1155
Fax: 956-668-1150

2306 Camelot Plaza,
Harlingen, TX. 78550
Phone: 956-428-2653
Fax: 956-428-0056

857 E. Washington, Suite G,
Brownsville, TX. 78520
Phone: 956-541-2600
Fax: 956-541-9202

How many hours do you estimate you will volunteer per week? _____

What area do you prefer to do volunteer work?

() Brownsville () Harlingen () McAllen () No Preference

Do you have a valid driver's license? () YES () NO

Do you have access to a car? () YES () NO

Do you require any special accommodations?

Reference Information

Any prior arrests/convictions in the past 5 years? _____

How did you hear about us? _____

List 3 names and phone numbers of references (personal or business)

Name: _____ Phone # : _____

Relationship: _____

Name: _____ Phone # : _____

Relationship: _____

Name: _____ Phone # : _____

Relationship: _____

When is the best time to set up an interview with the Program Coordinator?

Are you currently receiving services from VAC? () Yes () No

Describe your personal feelings about the AIDS epidemic and its effect on you:

What do you see as your strength as a person?

What are some sources of emotional support in your life?

Please check any of the task(s) in which you are interested in helping with:

- ☐ Office Support
- ☐ Buddy Support/Practical Support
- ☐ Education and Outreach
- ☐ Special Events
- ☐ Volunteer Services Committee
- ☐ Speaker's Bureau

Do you have any skills in the following:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Translating (written English to Spanish) | <input type="checkbox"/> Accounting | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Advertising | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Electrical | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Group Facilitating | <input type="checkbox"/> Interviewing | <input type="checkbox"/> Press Relations |
| <input type="checkbox"/> Legal Skills | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Teaching/Training | | |
| <input type="checkbox"/> Newsletter | | |
| <input type="checkbox"/> Familiar with this software: _____ | | |

Other Information

In case of emergency, contact: _____

Relationship: _____ Phone # : _____

Signature: _____ Date: _____

Please return to the Volunteer Program Coordinator at any of the three Valley AIDS Council offices.

VOLUNTEER GUIDELINES

1. All volunteers make a commitment to active participation with VAC for a minimum of 1 month. If circumstances arise that prohibit fulfilling this commitment, please talk with the Volunteer Coordinator.
2. Volunteers should reserve a minimum of four to six hours per month for their involvement with VAC. this includes time for support and continuing education.
3. Each volunteer agrees to be receptive to feedback and supervision from group leaders and staff members. VAC retains the right to discharge or release any volunteer at any time with appropriate reasons.
4. Volunteers must maintain a firm commitment to professional conduct. All information regarding clients is completely confidential and should not be shared with anyone outside of VAC. If a volunteer has questions or concerns, they should be directed to the Volunteer Coordinator.
5. Each volunteer is expected to deal with conflict with anyone at VAC or concerns about VAC with integrity, and discuss the issues directly with the person/persons involved. If a volunteer has questions or concerns, they should be directed to the Volunteer Coordinator.
6. Each volunteer will respect appointment times as agreed upon the client.
7. Volunteers are asked to respect client's religious, political and other beliefs and refrain from imposing their own personal belief system on clients.
8. Attend assigned orientation and training sessions, as well as continuing education opportunities.
9. Any volunteer who engages in a sexual or romantic relationship with any client to whom the volunteer provides direct on-going services will be **immediately terminated** from VAC volunteer program. Professional behavior is expected of all volunteers.
10. Complete monthly time sheets.
11. Accept all liability and not hold VAC responsible for any injury or accident that may occur as a result to volunteering.
12. Provide transportation to clients, volunteers or staff members only if I have a valid driver's license and automobile insurance.

I agree to the terms outlined above. I have received a copy of the VAC Volunteer Policy and have read the section on Confidentiality and Privacy, and fully understand such policy and agree to adhere to it.

Signature

Date

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____
Last Name First Name Middle Name (Please include Jr., Sr., II, III ETC.)

Understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, **VALLEY AIDS COUNCIL** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualification. This agency will provide a written report of its findings to **VALLEY AIDS COUNCIL**. **VALLEY AIDS COUNCIL** uses AbsoluteBackgrounds.com, a consumer-reporting agency, as an agent to perform its employment related background investigations.

AbsoluteBackgrounds.com will utilize various source of information it deems appropriate including but not limited to: credit reporting agencies, workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **VALLEY AIDS COUNCIL**, and AbsoluteBackgrounds.com.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **VALLEY AIDS COUNCIL** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **VALLEY AIDS COUNCIL**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: AbsoluteBackgrounds.com, 3875 Atherton Road, Rocklin, CA 95765. I understand that residents of California will automatically receive a copy of the report within 7 days of its delivery to the employer. I understand that residence of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

☐ CHECK THIS BOX IF you are applying for work with a Minnesota employer and you would like a copy of your Consumer Report if one is included in the investigation of your background. Minnesota Code 13C Subdivision 2

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE VALLEY AIDS COUNCIL AND ITS AGENTS, ABSOLUTEBACKGROUND.COM AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

Signed _____

Today's Date _____

Printed Name _____

Position Applied For _____

Social Security Number

Date of Birth

Driver's License Number

State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr./Mo./Yr

Current Address:

Street Apt.# City State Zip Code From/To?

Former Address:

Street Apt.# City State Zip Code From/To?

Former Address:

Street Apt.# City State Zip Code From/To?

Former Address:

Street Apt.# City State Zip Code From/To?

PLEDGE OF CONFIDENTIALITY

As an Employee, Officer, Volunteer, or Client of the Valley AIDS Council, I, _____ am hereby offering my involvement with course of my association with VAC, that I may learn certain facts about individuals being served by the agency that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, employment, sexual orientation, relationship with family and others, emotional state and the like. I hereby understand that all such information must be treated as completely confidential. I agree not to disclose any names of information including the fact that a person is or is not receiving services at the agency, to any person who may or may not be affiliated with the agency who does not have a need to know unless they are providing services, or I have been informed by the appropriate authority that a person is authorized to know. I further understand that it may be necessary to communicate information to person outside the agency in the course of my work in obtaining services for the client. I also understand that I will report to specific authorized personnel of the agency.

This pledge will survive my involvement with the agency and thereafter, and I recognize that a violation of confidence at any time will cause my immediate termination as a volunteer, board member, or employee and may lead to legal action against me personally and a fine not to exceed the maximum amount allowed by the current law of the State of Texas at the time of violation occurred. I also agree that in the event that any such injunction be deemed necessary, I may be held liable for any attorney's fees incurred by the agency.

Signature: _____

Printed Name: _____

Date: _____

As an employee of the above said agency I hereby witness to the fact that the above said signature is in fact this person;

Signature: _____

Position: _____

Date: _____

103 BUSINESS ETHICS AND CONDUCT

Effective Date: September 1, 2012

The successful business operation and reputation of VAC is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

All employees shall adhere to the Social Work code of ethics, as follows:

- Employee must provide services without regard to age, sex, race, color, religion, national origin, military status, disability, sexual orientation, political affiliation or any other classification protected by law.
- Employee must obtain informed, written consent from a client before releasing confidential information from the social work setting, except as required by law.
- Employee must not knowingly engage in personal, romantic, sexual, business relationships with a client or a person who has been a client for a period of 5 years post separation from the agency.
- Employee must not provide social work services to a previous sexual partner.
- Employee must provide a clear description of services, reports, fees, billing, and schedules to each client.
- Employee must not give or receive any form of commission, rebate, or other remuneration for client referrals.
- Employee must obtain written, informed consent before involving a client in research, and inform the client of the purpose of the research and its implications for the client.
- Employee must not provide social work services while under the influence of alcohol or illegally used drugs that impair services.
- Employee must advocate for clients and uphold a position of trust with each client by avoiding any act detrimental to a client.
- Employee must make referrals appropriate to the client's needs.
- Employee must not misrepresent qualifications, credentials, or services in any advertising, including notices of employment status.
- Employee must report any violation of the code-of-ethics to the proper authority.

VAC will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor and, if necessary, with Human Resources and/or the Executive Director.

Compliance with this policy of ethics and conduct is the responsibility of every VAC employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.

803 DRUG AND ALCOHOL USE

Effective Date: September 1, 2012

It is VAC's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on VAC premises and while conducting business-related activities off VAC premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegally used drugs during scheduled working hours. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace. Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

To inform employees about important provisions of this policy, VAC has established a drug-free awareness program. The program provides information on the dangers and effects of substance abuse in the workplace, resources available to employees, and consequences for violations of this policy.

Employees with questions or concerns about substance dependency or abuse are encouraged to use the Employee Assistance Program and/or health insurance benefits. They may also wish to discuss these matters with their supervisor, Human Resources or a member of the Management Team to of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

To inform employees about important provisions of this policy, VAC has established a drug-free awareness program. The program provides information on the dangers and effects of substance abuse in the workplace, resources available to employees, and consequences for violations of this policy. Employees with questions or concerns about substance dependency or abuse are encouraged to use the Employee Assistance Program and/or health insurance benefits. They may also wish to discuss these matters with their supervisor, Human Resources or a member of the Management Team to receive assistance or referrals to appropriate resources in the community.

Employees with drug or alcohol problems that have not resulted in and are not the immediate subject of, disciplinary action may request approval to take unpaid time off to participate in a rehabilitation or treatment program through VAC's health insurance benefit coverage. Leave may be granted if the employee agrees to abstain from use of the problem substance; abides by all VAC policies, rules, and prohibitions relating to conduct in the workplace; and if granting the leave will not cause VAC any undue hardship.

Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify VAC of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should share their concerns with their supervisor, the Director of Human Resources or the Executive Director without fear of reprisal.

409 OPEN DOOR POLICY AND GRIEVANCE RESOLUTION

Effective Date: September 1, 2012

VAC is committed to providing the best possible working conditions for its employees. Part of this commitment is through our "Open Door Policy" where management's door is always open to hear from employees. The "Open Door Policy" encourages an open and frank atmosphere in which any problem, complaint, suggestion, or question can be resolved or handled in a timely manner from VAC supervisors and management.

VAC strives to ensure fair and honest treatment of all employees. Directors, coordinators, and employees are expected to treat each other with mutual respect. Employees are encouraged to communicate their problems through the "Open Door Policy", without fear of reprisal.

If employees believe their concerns were not resolved through the "Open Door Policy", they can express their concern through the problem resolution process. No employee will be penalized, formally or informally, for voicing a complaint with VAC in a reasonable, business-like manner, or for using the problem resolution process. The process involves following the original structure and having the next higher authority review the decision. If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps.

The employee may discontinue the process at any step.

The "Open Door Policy" is a process available to any workplace problem.

1. Employees must file a written notice of his or her desire to file a grievance with his or her immediate supervisor to hear the grievance. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee may present the problem to the next higher authority or to the Human Resources Manager. This written notice must be filed by the employee within 10 working days of notification not from the date of the adverse action. The written notice of grievance should include the name of the person whom the employee feels has unreasonably treated him or her, the problem and remedy. A written response to the formal grievance shall be returned to the employee within 10 working days of receipt of the written grievance.
2. The employee may apply further grievance appeal process to the Executive Director or Human Resources, and will get a response within 10 working days. VAC does maintain an "Open Door Policy" and would encourage any person to informally discuss any problem or concern with their supervisor, the Human Resources Manager or the Executive Director before filing a formal grievance. However, this grievance process is designed to handle all matters subject to appeal. At any point in the grievance process, if the individual submitting the grievance does not further appeal the matter to the next appropriate level within a 10 working days, it will be assumed that the individual is satisfied with the decision and the individual filing the grievance will have given up the right to appeal the particular matter further.
3. If the grievant is still not satisfied, he or she may submit a written request to the Board Chairman, within 15 calendar days for consideration of his or her grievance to be heard by a committee appointed by the Board Chairman. The Board Chairman reviews and considers the problem and decides whether or not to present the grievance to the committee. (If the Board Chair determines that the grievance does not merit committee consideration, the grievance process ends at this step. If the grievant is the Executive Director, he or she commences to Step 4.)
4. If the Board Chair appoints a committee to review the grievance, it will review the charges of the grievant and review the information presented by the Executive Director. The committee will approve or deny the remedy sought by the grievant or offer an alternative remedy within 10 working days or a longer period if agreed to by both parties. The committee will report to the full Board of Directors on its actions and findings at the next regularly scheduled Board meeting.

The actions taken by the agency's Board of Directors committee are final, and the process ends. All notices and or correspondence related to this grievance process can be sent to the agency, attention Executive Director. The Executive Director will be responsible for routing the correspondence to the proper person, or committee. Any person having questions about the

grievance process should consult with the Human Resources Manager or the Executive Director for clarification.

I have read VAC policy regarding Business Ethics and Conduct, Drug and Alcohol use, and Open Door Policy and Grievance Resolution. As a Volunteer for the Valley AIDS Council I fully understand each policy and agree to adhere to it.

Signature

Date

**Valley AIDS Council
Confidentiality Agreement
for
Staff, Board Members, Volunteers, Providers, and Visitors**

BACKGROUND INFORMATION:

The Valley AIDS Council (VAC) mission requires strict adherence to the principle of confidentiality with respect to patient and client information as well as details of agency business operations and personnel matters. Information in records, reports, correspondence, and other documents routinely encountered by employees, board members, volunteers, or visitors may be privileged, confidential, private, or a combination of any two or more. In each instance the information may receive its designation by statute or judicial decision. Such statutes as the Open Records Act, the Health Insurance Portability and Accountability Act (HIPAA), and the Communicable Disease Act contain provisions which make certain information which comes to VAC privileged and confidential.

As a general rule, in transactions carried out on a day-to-day basis, medical records and information taken from medical records are made privileged and confidential by the Medical Practice Act, birth and death records are made confidential for 50 years through provisions dealing with vital statistics in the Open Records Act and other laws. If information is "confidential", it is generally information that should be kept secure and given only to another person who is in a position of trust. "Privileged" information protects a person who has either given or received confidential information from being revealed in a legal proceeding. Other information that contains "highly intimate or embarrassing information about a person such that its disclosure would be highly offensive to a (reasonable) person..." and is not of legitimate concern to the public or might hold a person up to scorn or ridicule of his or her peers if made public, is made confidential by the common law doctrine of the right to privacy. {ORD-262, 1980}. Statutes that govern the operation of agencies {Human Resource Administration and Texas Department of Health} that grant funds to VAC may contain additional provisions that render information that comes into the hands of certain programs in VAC privileged, confidential, and/or private.

Notice to Staff, Volunteer, or Board Members: If you have questions regarding confidentiality, you should contact your immediate supervisor or the Executive Director. This signed Confidentiality Agreement will become a part of your personnel record. This form is to be signed only once by staff, volunteers, or board members.

Note to Visitors and Providers: Questions concerning this Agreement should be directed to one of the Department Managers. This signed Confidentiality Agreement will be kept in an administrative file in the Administrative Office.

Agreement

I agree that:

I will neither confirm nor deny that an individual is receiving services at Valley AIDS Council without specific written permission of the individual concerned.

I will not disclose the identity of individual patients I may recognize in VAC offices. When I see patients in public, I will not acknowledge that I know them unless they speak to me first.

A patient record or any information taken from a patient record is privileged and confidential. In most instances, such information may not be released unless the person identified in the record provides written consent, or the release is otherwise permitted by law. A patient record is defined as: a record of the identity and diagnosis of a patient that is initiated and maintained by, or at the direction of a physician, dentist, or someone under the direction or protocols of a physician or dentist.

I understand that I must not release information from reports, records, correspondence, and other documents, however acquired, containing medical or other confidential information, and that I may not release such information except in a manner authorized by the law, such as in a statistical form that will not reveal the identity of an individual or with the written consent of the individual involved.

I may not release or make public, except as provided by law, individual case information including demographic data and client contacts.

I will keep all confidential files in my possession, including computer diskettes, in a locked cabinet when not in use.

When I am working on a confidential file, I will "lock up" the information when I leave my workstation for lunch, meetings, or for the day. I understand that to "lock up" the information requires logging off my computer, not merely saving and closing the confidential file.

I will keep any confidential files I work with out of view of unauthorized persons.

I will not discuss confidential information with people who are not authorized and/or who do not have the need or the right to know the information.

I will conduct telephone conversations and/or conferences that require identification of patients by name, in secure areas where the conversation or conference will not be overhead or seen.

To protect confidentiality, I will not discuss the facts contained in confidential documents in a social setting.

When transporting information that is privileged or private, I will employ appropriate security measures to ensure the material remains protected.

I will keep information relating to the regulatory activities of the agency confidential. Regulatory activities include at least the following: survey schedules, unannounced site visits, survey results, information pertaining to complaints that have been investigated, litigation information, and/or personnel actions.

Where applicable, departmental policy requires that personnel have individual passwords to access confidential computer files. I will not use another person's password nor will I disclose my own.

I understand that my supervisor will document any violation of this agreement and he or she will place the documentation in my agency personnel file.

If I am a professional employee (e.g. a physician, nurse, social worker, etc.) supervised by or providing support to a professional employee, I understand that I may be subject to additional rules of confidentiality. This agreement does not supersede the code of professional conduct and I further understand that a violation of the code of professional conduct may subject the professional employee to additional sanctions (e.g. loss of license).

When I dispose of a document that contains patient information, I will assure that the document is shredded.

I have read this Confidentiality Agreement and I understand its meaning. As an employee of the Valley AIDS Council I agree to abide by the Confidentiality Agreement. I further understand that should I improperly release or disclose privileged, confidential, or private information, I may be subject to an adverse personnel action, up to and including the termination of my employment. In addition, I understand that I may be subject to civil monetary penalties, criminal penalties or liability for monetary damages for such action.

I have read this Confidentiality Agreement and any and all of my questions concerning its contents have been answered. I have received a copy of this Agreement for my records.

Print Name: _____ Date: _____

I am: (Circle One, Please) Staff Member Board Member Volunteer Visitor Provider

Signature: _____ Date: _____



REQUEST FOR VERIFICATION

PERSONNEL FILE

The individual below has applied for a Staff and/or Volunteer position at the Valley AIDS Council. The following testing requirements have been completed to the satisfaction of the agency. Execution of this document does not give the individual any contractual rights or endorsements to his/her employment.

Drug Test

Applicant Name (Print) _____

Applicant Signature _____ Date _____

Position applied for _____

Medical Director

Date

Please return to Human Resources Department. Thank you.

PRE- VOLUNTEER DECLARATION of MEDICATIONS

This is to certify that I have applied for volunteer with VAC. I have been informed that because VAC is a drug free workplace, applicants for volunteer must undergo a drug screen as a part of the pre- volunteer process.

In preparation for this drug screen I wish to declare that I have taken the following prescribed medications within the past three months.

Medication	Prescribed by	Dates Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any over-the-counter medications you have taken with the past three months:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that this information is true, correct and complete to the best of my knowledge.
I understand that failure to pass this drug screen may result in withdrawal of the offer for employment/volunteering.

Applicant's Signature